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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,383	07/09/2003	Timothy J. Foster	P06335US03/BAS	5842
881	7590	06/23/2006	EXAMINER	
STITES & HARBISON PLLC 1199 NORTH FAIRFAX STREET SUITE 900 ALEXANDRIA, VA 22314			MCGARRY, SEAN	
		ART UNIT	PAPER NUMBER	
		1635		

DATE MAILED: 06/23/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

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(07-06)

TRANSMITTAL FORM

(for all correspondence after initial filing)

 <p>TRANSMITTAL FORM <i>(for all correspondence after initial filing)</i></p>	Application #	10/615,383
	Confirmation #	5842
	Filing Date	09 July 2003
	First Inventor	FOSTER et al
	Art Unit	1635
	Examiner	McGarry, Sean
Total number of pages in this submission =	Docket # P06335US03/BAS	

ENCLOSURES (check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Fees calculated below | <input type="checkbox"/> Response to Missing Parts/Incomplete Appl. |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> including Attachment(s) | <input type="checkbox"/> Information Disclosure Statement |
| <input type="checkbox"/> After Final Amendment/Reply | <input type="checkbox"/> Drawing(s) |
| <input type="checkbox"/> including Attachment(s) | <input type="checkbox"/> Terminal Disclaimer |
| <input checked="" type="checkbox"/> Extension of Time Petition | <input checked="" type="checkbox"/> Copy of Notice |
| <input checked="" type="checkbox"/> Preliminary Amendment and Response
with regard to Sequence Listing | <input checked="" type="checkbox"/> Sequence Listing and Diskette |

FEES CALCULATION: For claims if required and/or other fees as shown below:

FEES CALCULATION: For claims if required and/or other fees as shown below.				
	NOW	Previously Paid For	Present Extra	Rate
<input type="checkbox"/> TOTAL CLAIMS		- 20		X \$ 50 =
<input type="checkbox"/> INDEPENDENT CLAIMS		- 3		X \$ 200 =
TOTAL OF ABOVE CLAIMS FEES =				
<input type="checkbox"/> Reduction by ½ for small entity status of applicant				
SUBTOTAL =				
<input checked="" type="checkbox"/> Fee for extension of time (per attached Petition)				
<input type="checkbox"/> Other fee for				
TOTAL OF ALL FEES =				
120				
120				

- A CREDIT CARD PAYMENT FORM (PTO-2038) in the amount of \$120 is enclosed.

The Director is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 12-0555:

(1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or

(2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: August 17, 2006

B. S. S. S.

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